



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

October 15, 2001

S. 1275

Community Access to Emergency Defibrillation Act of 2001

*As ordered reported by the Senate Committee on Health, Education, Labor, and Pensions
on August 1, 2001*

SUMMARY

S. 1275 would amend the Public Health Service Act to authorize the Secretary of Health and Human Services (HHS) to provide grants and conduct demonstration projects to promote more public access to defibrillators, so victims of cardiac arrest could be treated more quickly.

S. 1275 would authorize \$55 million in each of fiscal years 2002 through 2007 for grants and demonstration projects. Assuming the appropriation of the authorized amounts, CBO estimates that implementing S. 1275 would cost \$23 million in 2002 and \$281 million over the 2002-2007 period. Enacting S. 1275 would not affect direct spending or receipts; therefore pay-as-you-go procedures would not apply.

S. 1275 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA). However, the bill would provide funding to public entities for programs related to public access to defibrillators.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of S. 1275 is shown in the following table. For this estimate, CBO assumes that the bill will be enacted this fall and that the authorized amounts will be appropriated each year. The costs of this legislation would fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars					
	2002	2003	2004	2005	2006	2007
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	55	55	55	55	55	55
Estimated Outlays	23	46	50	54	54	54

BASIS OF ESTIMATE

S. 1275 would authorize the appropriation of \$50 million in each of fiscal years 2002 through 2007 for grants to state, local, and tribal governments to establish and operate programs to provide public access to defibrillators.

The bill also would authorize the appropriation of \$5 million in each of fiscal years 2002 through 2007 for grants to develop and implement innovative, comprehensive, community-based demonstration projects to promote public access to defibrillators.

Finally, S. 1275 would authorize the use of \$800,000 in funds already authorized to be appropriated to the Department of Health and Human Services in each of fiscal years 2002 through 2006 to establish a national information clearinghouse that provides information to increase public access to defibrillators in schools.

Based on spending patterns for similar grant programs, CBO estimates that HHS would spend \$23 million in 2002 and \$281 million over the 2002-2007 period for these grants, assuming that the authorized amounts are appropriated.

PAY-AS-YOU-GO CONSIDERATIONS: None.

ESTIMATED IMPACT ON STATE, LOCAL, AND TRIBAL GOVERNMENTS

Through federal grant assistance, S. 1275 would help state, local, and tribal governments to purchase automated external defibrillators and to provide information and training on their use. To be eligible for the grants, governments must apply to the Secretary of Health and Human Services and provide a comprehensive plan for encouraging the use of the defibrillators. The bill contains no intergovernmental mandates as defined in UMRA, and the grants authorized by the bill have no matching requirements.

ESTIMATED IMPACT ON THE PRIVATE SECTOR

This bill contains no private-sector mandates as defined in UMRA.

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